

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-678)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1.						
2.						
3.	1					
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TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

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100.								
TOTAL IND.	3							
TOTAL DER.	2							
TOTAL CLAIMS	35							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS